

WOTC / WtWTC
Tax Credits Reporting System
Contact Information

AGENCY Information	
Name	
Address	
City	
State / ZIP	
Phone	
Fax	
E-Mail	
Primary Contact Information	
This is the person who will be assigned the Password and PIN.	
Name	
Title	
Address	
City	
State / ZIP	
Phone	
Fax	
E-Mail	
Secondary Contact Information	
Name	
Title	
Address	
City	
State / ZIP	
Phone	
Fax	
E-Mail	